U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number <b>U</b> - 1/5/5	2. Fiscal Year Covered From:
y	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Myra Warren	Name National Association of Letter Carriers
	Labor Organization File Number 000-509
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 100 Indiana Avenue N.W.	Street 100 Indiana Avenue N.W.
•	The state of the s
City Washington	City, Weshington
State District of Columbia ZIP Code + 4 20001-2144	State District of Columbia ZIP Code + 4 20001-2144
5. Position in labor organization.  Assistant Secretary Treasur	er
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz     Name and address of Employer (including trade name, if any)	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
<ol><li>Name and address of Employer (including trade name, if any).</li></ol>	day on the Selection day Library consistency or construction by the Intelligence and the Construction of t
Name	Constitution of the second of
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Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
The application of the applicati	7.b, Amount.
Street	or to the minute. The property of the second of the secon
City	
The state of the s	and the state of t
State ZIP Code + 4	To the state of th
Si	gnature
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompaundersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
$\mathcal{M}$	·
Signed Signed Signed	On 8-12-05 202-662-2868
$\frac{1}{1}$	011 10 17 02 202-2008
- / water //www.	Date Telephone Number

Name of Person Filing Myra Warren	File Number U-	<del></del>
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included they with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Peale Delaney Printer LLC  Trade Name, if any: Printing  P.O. Box, Bldg., Room No., if any  Street 2500 Schuster Drive  City Cheverly  State Maryland ZIP Code +4 20781	9. Business deals with:  A. Labor Organization  b. Trust  c. Employer	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Printing company who provide various printing jobs.	
Street	11.b. Approximate dollar value of such dealing.	\$2,700,000
City	12.a. Nature of interest held or income received.	kjelenholptet Stythebrik voor de Heideld de Sjelender de eer Sjelenkompels Zoor Enweld gevoer maar van van van de soorde.
State ZIP Code + 4	Holiday gifts received during the y	ear.
·	12.b. Amount.	\$958
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).  Name	WOODLAND COMMISSION OF THE PARTY OF	the of the control of
Trade Name, if any:		MARKA PROPERTY
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	теритира (при температура и при при температура и при температура и при температура и при температуру и при темпе

Name of Person Filing Myra	Warren	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name Hilton Hawaiian Village  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2005 Kalia Road  City Honolulu	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
State Hawaii ZIP Code + 4 96815			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Headquarters Hotel for Convention		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$104,000		
	12.a. Nature of interest held or income received.		
	During the National Convention held in Hawaii in July 2004, a complementary room was provided to me and is being reported consistent with Department of Labor's interpretive manual section 246.40V.		
	12.b. Amount. \$771		

Name of Person Filing Myra Warren	File Number U-
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Busine	ss (including trade name, if any).	9. Business deals with:	
Name AmSouth Bank		a. Labor Organization	
Trade Name, if any:		a. Labor Organization	
P.O. Box, Bldg., Room No., if ar	у	b. Trust	
Street 215 Deaderick St	reet	c. Employer	
City Nashville			
State Tennessee	ZIP Code + 4 37297-0306		
10. If 9.b. or 9.c. is checked give tr	rust or employer's name.	11.a. Nature of such dealing.	. 155 May 1. 141 - 485 U 1 155 C 155
Name		Provide investment service.	mandon marino A Marin
Trade Name, if any:		TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	
P.O. Box, Bldg., Room No., if an		- PATA AND REALIST CONTROL OF THE PATA AND REALIST CONTROL OF	differ named and a second and a
Street \$\int_{\text{constraints}}\text{constraints}constrain			A COLUMN A SAN THE SAN
City ( The control of			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$812,000
		12.a. Nature of interest held or income received.	enemental de la lista de amenta de memor energia aborant e a aconomica, aconomica e aconomica e aconomica de a
		1) Dinner during December 2004.	Constitution of the consti
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			year ELAN Saupers Selburges Servindening Association recommensus automatically a local
		12.b. Amount.	\$75